

No. C 118300		Due no later than Feb 28, 2010		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. BEAR LAKE VALLEY HEALTH CARE FOUNDATION, INC. CRAIG H THOMAS 164 S 5TH ST MONTPELIER ID 83254 USA		CRAIG THOMAS 164 S 5TH ST MONTPELIER ID 83254		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	ROBERT MILLER	262 NORTH 3RD ST.	MONTPELIER	ID	USA	83254
DIRECTOR	JOHN M LAKE	PO BOX 145	PARIS	ID	USA	83261
DIRECTOR	GAY BURDICK	522 NORTH 5TH ST.	MONTPELIER	ID	USA	83254
DIRECTOR	GLENN DAYTON	424 SOUTH 7TH	MONTPELIER	ID	USA	83254
PRESIDENT	LINDA ARNELL	441 JEFFERSON ST.	MONTPELIER	ID	USA	83254
DIRECTOR	ANN LANE	PO BOX 98	MONTPELIER	ID	USA	83254
DIRECTOR	KLISS SPARKS	P.O. BOX 242	COKEVILLE	WY	USA	83114
DIRECTOR	CLARA DAYTON	PO BOX 296	COKEVILLE	WY	USA	83114
DIRECTOR	DAVID BRUNNER, JR.	661 ADAMS ST.	MONTPELIER	ID	USA	83254
DIRECTOR	MELISSA WARD	372 N. 5TH ST.	MONTPELIER	ID	USA	83254
DIRECTOR	MONTY WESTON	PO BOX 111	RANDOLPH	UT	USA	84064
DIRECTOR	JUDY VANDEREN	220 NORTH 5TH ST	MONTPELIER	ID	USA	83254
DIRECTOR	CRAIG H. THOMAS	164 SO. 5TH ST.	MONTPELIER	ID	USA	83254
DIRECTOR	ROD JACOBSON	164 SO. 5TH ST.	MONTPELIER	ID	USA	83254
5. Organized Under the Laws of: ID C 118300		6. Annual Report must be signed.* Signature: Craig H Thomas Name (type or print): Craig H Thomas Date: 12/22/2009 Title: Director				
Processed 12/22/2009		* Electronically provided signatures are accepted as original signatures.				